

LETTER TO PARENTS

Summer Food Service Program

Dear Parent/Guardian:

Providing nutritious meals to children participating in the Summer Food Service Program is a growing challenge and requires taking advantage of all available funding resources. One of these resources is the cash reimbursement program for meals from the United States Department of Agriculture (USDA). These benefits are very helpful and aid us in providing better service to children.

To assist our program in receiving these funds, please complete, sign, and return the Confidential Income Statement as soon as possible. This information will be kept strictly confidential.

Check the chart below; then complete the Income Statement on the Eligibility Form (Attachment B-2).

Income Eligibility Guidelines

Effective July 1, 2000 to June 30, 2001

FAMILY SIZE	YEAR	MONTH	WEEK
1	\$15,448	\$1,288	\$298
2	20,813	1,735	401
3	26,178	2,182	504
4	31,543	2,629	607
5	36,908	3,076	710
6	42,273	3,523	813
7	47,638	3,970	917
8	53,003	4,417	1,020
For each additional family member add:	+ 5,365	+ 448	+ 104

If your household now receives food stamps, CalWORKs benefits for your children, participates in the Food Distribution Program on Indian Reservations (FDPIR), or if this application is for a foster child, complete parts 1, 2A or 2C, and 3, sign the application and *return* it. Your social security number is not required.

If your household income is equal to or less than the above, and your household does not receive food stamps, CalWORKs, or participate in the FDPIR, complete parts 1, 2B, and 3. Your social security number or an indication that you do not have a social security number is required.

If your household income is more than the above, complete part 1, write N/A in sections 2A, 2B, sign part 3 and return the form.

You will need the following information to complete the form:

- The total current household income for each household member, and how often it is received.
- The names of all household members.
- The social security number of an adult household member or the person signing this form. (If this person does not have a social security number, write "none" or "0" next to his/her name.)
- Your signature.

Thank you for your cooperation.

Signature of Authorized Official:	Title:	Date:
Site Name/Session Number:		